

**CITY OF GEORGETOWN  
CITY CLERK'S OFFICE  
502-863-9804  
FAX: 502-863-9962**

OPEN RECORDS REQUEST

Date: \_\_\_\_\_

Under the Open Records Request KRS 61.0870 (2), I am requesting to review or copy:

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Please certify below whether your intended use for the requested material is commercial or non-commercial. If the use is non-commercial, we need no further information. If the use is commercial, we will determine the appropriate charge for that material based upon KRS 61.874 (4).

Non-commercial \_\_\_\_\_ Commercial \_\_\_\_\_

I understand the City has three (3) working days to respond to my request, and the cost of one (1) copy is \$.10 per page. In the event the City refuses my request, I understand that the refusal will state the justification for the refusal, and will be provided to me at the time a response is due.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

**City Hall  
100 Court Street  
Georgetown, Kentucky 40324**